

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		3-30-00
O.I.P.E. CLASSIFIER			3-4-00
FORMALITY REVIEW	Umb	08231	52500
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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